



Agricultural Enhancement Program Pasture Reseeding Application

FY2022



Applicant Information
Name:
Mailing Address:
Telephone:
Email Address:
Application Date:

Farm Information
Conservation District: Capitol
County :
Farm Name:
Farm #:
Tract #:
Field # or #'s:

Best Management Practice

Please complete the following information for the Best Management Practice you would like to apply for:

BMP	Limits	Cost-Share Rate	Amount applied for	Other
Pasture Reseed	Not to exceed 20 acres Not to exceed \$500.00 *Cooperator Caps	50% Up to \$50.00 per acre	_____ acres	

Program Eligibility

A. Purpose: Increase forage supply during periods of low forage production, reducing soil erosion, and to improve soil and water quality.

B. Policies for Practice

1. Applicant must be a District Cooperator.
2. Cost share is available to owner or lessee.
3. Applicant must provide map identifying tract and field along with proposed acreage.
4. *Program is limited to 2 (two) practices per cooperator plus 1 (one) lime program.
5. *Program cap is \$2,000.00 (Two-Thousand Dollars) per cooperator.
6. NRCS standards and specs must be followed.
7. Methods of seeding stands may be established either by conventional or no till.
8. Current soil test must indicate a pH of 5.6 or greater.
9. Application approvals will be made based upon availability of funds and based on the ranking form.
10. After approval applicant must follow job sheets provided at the time of signing the contract.
11. "Applications received by 1st (first) of every month are typically placed on that month agenda."
12. 1st round invoices must be submitted by December 31st, 2021. 2nd round, June 1st, 2022

C. Payment rates & limits:

1. The maximum cost-share for this practice shall be 50% cost share per acre maximum on seeds only.
2. Maximum of 20 acres per applicant.
3. The payment will be made after paid invoices are received, cooperator completes a W-9 form and completion of site visit.
4. No duplication of federal or state cost-share shall be allowed.
5. Capitol Conservation District does not reimburse on sales tax amount.

D. Practice Specifications

1. Please refer to job sheets provided at the time of approval and signing of contract.

By signing this I have read, understand, and agree to the terms and conditions stated in this document.

Farm Name (if applicable): _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:	
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	

